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Bib Data Sheet

CONFIRMATION NO. 6889

SERIAL NUMBER 10/067,648	FILING DATE 02/04/2002 RULE	CLASS 552	GROUP ART UNIT 1616	ATTORNEY DOCKET NO.	
APPLICANTS Rajindra Aneja, Ithaca, NY;					
** CONTINUING DATA ***** THIS APPLN CLAIMS BENEFIT OF 60/266,433 02/05/2001					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/25/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and Acknowledged <i>POA</i> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
ADDRESS RAJINDRA ANEJA Ph.D. NUTRIMED BIOTECH, CORNELL UNIV. RES. PK. 270-276 LANGMUIR LAB 95 BROWN RD. ITHACA ,NY 14850					
TITLE Inositolphospholipids and analogues					
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 6889

SERIAL NUMBER 10/067,648	FILING OR 371(c) DATE 02/04/2002 RULE	CLASS 554	GROUP ART UNIT 1621	ATTORNEY DOCKET NO.
APPLICANTS Rajindra Aneja, Ithaca, NY; ** CONTINUING DATA ***** This appln claims benefit of 60/266,433 02/05/2001 ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 02/25/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING	TOTAL CLAIMS 8 INDEPENDENT CLAIMS 2
ADDRESS 23720				
TITLE INOSITOLPHOSPHOLIPIDS AND ANALOGUES				
FILING FEE RECEIVED 370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	